Permission to Place and Treat Child Placed under Voluntary Services Program

This is an agreement between the Department of Children and Families (DCF) and the parent(s) or guardian(s) of:

NAME OF CHILD:	DATE OF BIRTH	CASE #

As legal guardian(s) of the above child, and as a parent(s) who retains all parental rights over said child, I/we request and agree to his/her voluntary placement under the care and supervision of DCF.

I/We authorize routine tests and treatment that DCF considers necessary for the proper welfare of my/our child, including psychiatric, medical and dental treatment. I/We also authorize DCF, in my/our absence (after making reasonable but unsuccessful attempts to contact me/us) to authorize emergency treatment, including surgery, to protect the life and well-being of my/our child.

I/We agree to the following:

- visit my/our child as arranged by me/us and the treatment team
- actively participate in the case planning for my/our child toward the anticipated goal of reunification with his/her family
- actively participate in any/all treatment work/sessions for my/our child, as recommended by the treatment team
- notify DCF should I/we plan to remove my/our child from DCF care
- provide DCF with information related to my/our child's health and welfare, and authorize the release of all relevant information and reports to DCF and authorize DCF to share information about my/our child with those providing health, education or other services for the welfare of my/our child
- keep DCF informed of our current whereabouts and contact information, both for routine and emergency purposes
- I/We understand that we may be expected to make financial contributions toward the cost of care for my/our child, if determined capable by the State of Connecticut, Department of Administrative Services Bureau of Collection Services

Parental restrictions: _____

Parental Medical Coverage(s): _____

The Department of Children and Families will:

- upon your request, return your child to you within 24 hours, unless an emergency exists
- provide care for your child in the least restrictive and most appropriate treatment setting available to DCF
- arrange for you to visit with your child
- actively participate in the case planning for your child toward the anticipated goal of reunification with his/her family
- make arrangements with you for the medical, dental and optical care of your child
- notify you when DCF determines that it is appropriate to return your child to you

DATE	SIGNATURE OF PARENT/GUARDIAN	HOME/CELL #	WORK #

ADDRESS

DATE	SIGNATURE OF PARENT/GUARDIAN	HOME/CELL #	WORK #

ADDRESS

DATE	SOCIAL WORKER	TELEPHONE #

DATE	SOCIAL WORK SUPERVISOR

ADDRESS	TELEPHONE #